

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Saline
 Township Cambridge
 City rural

Registration District No. 744
 Primary Registration District No. 6027A

File No. 38885
 Registered No. 12
 St. _____ Ward _____

2. FULL NAME George Washington Deer

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF ~~WIDOWED~~, WIDOWED, OR ~~WIDOWED~~ HUSBAND OF Addie Deer
 (or WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1857

7. AGE YEARS 79 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

13. NAME Henry Deer
 14. BIRTHPLACE (CITY OR TOWN) don't know
 (STATE OR COUNTRY)

15. MAIDEN NAME Margaret

16. BIRTHPLACE (CITY OR TOWN) don't know
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Ray Johnson,
 (ADDRESS) R.F.D. Slater, Mo.

18. BURIAL, CREMATION, OR REMOVAL Fish Creek
 PLACE DATE 10/22/'37

19. UNDERTAKER Hill Brothers
 (ADDRESS) Slater, Mo.

20. FILED Oct 22 1937 J. H. Davidson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1937, to Oct 20, 1937

I last saw ~~him~~ alive on Oct 20, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema
(None)

Other contributory causes of importance:

Heart in sufficiency

Name of operation _____ Date of _____

What test confirmed diagnosis? Chloroform Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. H. Davidson, M. D.

(Address) Slater, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

